PTO/SB/21 (04-07)

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

23

Application Number 10/626,459

Filing Date JULY 22, 2003

First Named Inventor SHUICHI MIZUNO

Art Unit 1651

Examiner Name NAFF, DAVID M.

Attorney Docket Number 3831.03

**ENCLOSURES** (Check all that apply) After Allowance Communication Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request Terminal Disclaimer identify below): REQUEST FOR CONTINUED Request for Refund **EXAMINATION; CHECK IN Express Abandonment Request** THE AMOUNT OF \$405.00; POSTCARD. CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Document(s) Remarks Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name PETERS VERNY, LLP Signature Printed name HANA VERNY

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**OCTOBER 30, 2007** 

Date OCTOBER 30, 2007

30,518

Reg. No.

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nder the Paperwork Reduction Act of 1985 no persons are required to resp	ond to a collection of inform	nation unless it displays a valid OMB control number
Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818).		Complete if Known
	Application Number	10/626,459
FEE TRANSMITTAL	Filing Date	JULY 22, 2003

## For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** \$405.00

Complete if Known				
Application Number	10/626,459			
Filing Date	JULY 22, 2003			
First Named Inventor	SHUICHI MIZUNO			
Examiner Name	NAFF, DAVID M.	_		
Art Unit	1651			
Attorney Docket No.	3831.03			

METHOD OF PAYMENT (check all that apply)								
Check Credit C	ard 🔲 N	Noney Order	None	Other (	please identify):			
Deposit Account Deposit Account Number: 16-1331 Deposit Account Name: PETERS VE						VERNY, LLP		
For the above-identified de	eposit account	, the Director is	hereby author	ized to: (check all t	hat apply)			
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FEE CALCULATION								
1. BASIC FILING, SEARC								
	FILING FE		SEARCH		EXAMINA	TION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid(\$)	
Utility	300 150		500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (includ	•	•				50	25	
Each independent claim ov	er 3 (includi	ng Reissues)				200	100	
Multiple dependent claims						360	180	
Total Claims	Extra Claims	Fee (\$)	1	Fee Paid (\$)		Fee (\$)	ependent Claims Fee Paid (\$)	
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Indep. Claims	Extra Claims	-		Fee Paid (\$)				
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If the specification and draw		d 100 sheets o	of paper (ex	cludina electronia	cally filed segu	lence or compl	ıter listinas under	
37 CFR 1.52(e)), the application See 35 U.S.C. 41(a)(1)(G)	ation size fe	e due is \$250	(\$125 for sr	mall entity) for ea	ach additional	50 sheets or fra	action thereof.	
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- 100 =	0	/ 50	0	(round <b>up</b> to a	a whole numb	er) x <u>\$125.00</u>		
4. OTHER FEE(S)  Non-English specification.	\$130 fee /	no small entit	v discount)				Fee Paid (\$)	
Other (e.g., late filing surch				EXAMINATION	N		\$405.00	

SUBMITTED BY	.1.	///				
Signature	Hallo	1/1114	Registration No. (Attorney/Agent)	30,518	Telephone	(650) 324-1677
Name (Print/Type)	HANA VERNY		Date	10/30/2007		

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